PART B - FEE(S) TRANSMITTAL

| PATE | FEB 0 5 2007 4 | her with applicable | or <u>Fax</u> | Commissioner fo P.O. Box 1450 Alexandria, Virg (571)-273-2885 | r Patei inia 22 | 313-1450 | |
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| LOS ANGELES 02/05/2007 RFEKADU | | | Ali | Makoui | (Depositor's name) | | |
| 01 FC:1504 300.00 OP 02 FC:1501 1400.00 OP | | | | | mal | 01/26/07 | (Signature) |
| | | | | | | CONFIRMATION NO. | |
| APPLICATION NO. FILING DATE 10/614,929 07/07/2003 | | | Adriana Dumitras | | APLE.P0040 | | 9195 |
| TITLE OF INVENTION APPLN. TYPE | SMALL ENTITY | ARATUS FOR IMPROV | ED CODING MODE S PUBLICATION FEE D | | E FEE | TOTAL FEE(S) DUE | DATE DUE |
| | NO | \$1400 | \$300 | \$0 | 5.25 | \$1700 | 01/26/2007 |
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| EXAMINER ART UNIT | | | CLASS-SUBCLASS | <u>'</u> | | | |
| | YOUNG ence address or indication | 2621 on of "Fee Address" (37 | 375-240260 2. For printing on | the patent front page, li | st | | <u> </u> |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
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